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To: Aging and Disability Resource Centers

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Waiting List Management Policy For Counties Transitioning to Family Care and IRIS

I. Purpose

This document defines the state requirements for the management of a waiting list of qualified applicants for the Medicaid adult long-term care programs of Family Care and (IRIS) Include, Respect, I Self-Direct when a county transitions from adult legacy waiver programs to Family Care and IRIS.¹ These requirements are in effect during the designated transition period.

II. Eligibility Criteria for the Family Care and IRIS Programs' Waiting List

- A. Applicants must be determined functionally eligible for Family Care and IRIS programs before being placed on the waiting list.
- B. Applicants must attest that they anticipate being financially eligible for Family Care or IRIS programs by the date of entitlement before being placed on the waiting list.
- C. An individual **cannot** be placed on the waiting list if he/she is currently serving a penalty period of a divestment.
- D. All individuals who are registered on the Human Services Reporting System (HSRS) Waiting List three months prior to the beginning of Family Care and IRIS in a county are automatically included on the Adult Long-Term Care Waiting List to be enrolled over the designated transitional period.
- E. Youth who will turn 18 years old during the designated transitional period and who are registered on the Program Participation System's (PPS) Children's Waiting List have been incorporated into the current Adult Long-Term Care Waiting List based on the date their name was placed on the Children's Waiting List.
- F. Individuals registered on the HSRS Waiting List in another county who remain functionally and financially eligible and who move, will be placed on the Adult Long-Term Care Waiting List based on the date on which their name was added to the waiting list in the originating county.
- G. PPS is the required electronic system for maintaining all county waiting lists. ADRCs should assure that all qualified applicants are registered in the PPS. This is required for such persons to be considered for Family Care or IRIS enrollment.

¹ In Dane County, the Medicaid Adult Long-Term Care programs include the Partnership Program, also called Family Care-Partnership. This policy does not apply to the Partnership Program for either the elderly or physical disability target group.

III. Serving Persons from the Waiting List during the Transition to Family Care and IRIS

Entitlement

- A. The ADRC is responsible for managing enrollment from the waiting list into Family Care and IRIS during the designated transition period. The Department of Health Services (DHS) provides each ADRC with county enrollment targets by target group to allow the ADRC, managed care organizations (MCOs), and IRIS consultant agency/agencies (ICAs) sufficient time to reach their operational capacity and to effectively manage Family Care and IRIS transitions within state budget parameters.
- B. DHS will determine the total monthly enrollment target based on the final transition plan. Enrollments will be proportional to the target groups designated on the legacy waiver waiting list.
- C. ADRC information and assistance specialists will enroll individuals into Family Care or IRIS from the waiting list in the order in which their name appears on the PPS waiting list with certain exceptions.
- D. An individual may be prioritized to receive Family Care or IRIS services if the individual meets one or more of the following exceptions to the “first come, first served” enrollment policy.²
 - The individual is experiencing neglect or abuse and is in need of immediate assistance to prevent harm.
 - The person is behaving in a manner that places the individual, or the people with whom the individual shares a residence, or the community at large, at risk of harm.
 - The person is court ordered to receive services.
 - The individual was enrolled in IRIS or Family Care but was disenrolled because he/she was institutionalized in an institution for mental disease and is being discharged.

Enrollment of individuals disenrolled from IRIS due to a nursing home stay greater than 90 days but now able to return to the community is not covered under this section.

Immediate enrollment of these individuals is covered under Section IV. D. below, under nursing home relocations. Nursing home relocations can occur at any time without the person going on a waiting list and are not counted towards the monthly enrollment target.
 - The person has been incarcerated, was enrolled in IRIS or Family Care before incarceration, and is being released.
 - The individual meets the criteria for high risk of long-term nursing home stay. These are:
 - Person receives an intensive skilled nursing (ISN) level of care on the Long-Term Care Functional Screen, **or**
 - Person meets **at least one criterion in at least three of the four categories** below:
 1. Activities of Daily Living
 - Needs help from a person with eating (not including meal prep)
 - Needs help from a person with toileting
 - Needs help from a person with transferring
 - Has incontinence more than weekly

² Individuals who are residing in alternate care facilities, such as Community Based Residential Facilities (CBRFs) and Residential Care Apartment Complexes (RCACs), and are running out of private pay funds, will be counseled by ADRC staff regarding their options which may include placement on the waiting list for long-term care funding. Depletion of private pay funds is not an exception to the “first come, first served” enrollment policy.

- Has fallen more than once in the last month
- 2. Cognition: Has cognitive impairment that poses a risk to health and safety
- 3. Health Related
 - Has documented terminal illness with life expectancy of less than six months, based on the opinion of a medical professional appropriately qualified to make such a determination
 - Has had three or more hospital admissions in the last six months
 - Has had three or more emergency room visits in the last six months
- 4. Caregiver Support (This section does not apply to those individuals who are residing in alternate care facilities, such as CBRFs and RCACs, because they currently have caregiver support.)
 - Has experienced a recent loss of primary caregiver
 - Family/informal supports are fragile or insufficient
 - Has no informal caregivers
- E. Individuals who are prioritized under the above categories are prioritized only within their target group as identified on the transition plan. Prioritization does not supersede proportionate enrollment by target group.
- F. It is possible that an ADRC will work through its waitlist prior to the end of the designated transition period. If this happens, the ADRC should enroll individuals on a “first come, first served” basis (not to exceed the monthly enrollment target).

IV. Individuals Eligible for Immediate Services

Individuals who meet one or more of the criteria below are not placed on the waiting list; these individuals are able to enroll immediately. They are eligible to enroll immediately in the Family Care or IRIS programs and are not counted towards the monthly enrollment target.

- A. Youth transitioning to the Adult Long-Term Care System who are turning 18, who are being served by the Children’s Long-Term Support (CLTS) Waivers or the Community Integration Program (CIP) Waiver, who meet functional and financial eligibility, must enroll in either Family Care or IRIS programs to continue receiving long-term care services. Enrollment dates for transitioning youth are determined as follows:
 - The enrollment date for managed care programs is the earliest date on which the person meets all eligibility requirements. The enrollment date can be any date in a month mutually agreed upon by the individual, the ADRC, and the CLTS support and service coordinator, and, in the month in which the person turns 18 years of age, can occur as early as the first day of the month.
 - The IRIS start date is the earliest date on which the person meets all eligibility requirements and has an approved IRIS plan. This date can be any date in a month, cannot occur before the person’s 18th birthday, and is a date when all required elements are met and agreed upon by the ICA, the CLTS support and service coordinator, and the individual.
- B. Adult Waiver participants who move to a county transitioning to Family Care and IRIS.
- C. Adults served by Family Care or IRIS programs that move to a county transitioning to Family Care and IRIS.

Adults residing in a skilled nursing facility (SNF) or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) who wish to relocate to the community and are functionally and financially eligible for Family Care/IRIS and Medicaid is paying for the SNF or ICF/IID care

will be served immediately as per state mandate. Refer to DLTC Numbered Memo Series 2011-01 for more information regarding ICF/IID relocations.

V. Notification

- A. The ADRC will contact individuals on the waiting list in writing every six months regarding their status on the waiting list.
- B. ADRCs will document individuals' continued interest in Family Care and IRIS programs and will provide individuals with an estimated time frame for when Family Care or IRIS services may be available to them.
- C. ADRC staff will contact each individual as he/she comes to the top of the waiting list to discuss long-term care options and assist individuals with the procedure of enrolling in Family Care or IRIS program.

Effective Date

This policy and procedure is to be implemented no later than October 1, 2017.

REGIONAL OFFICE CONTACT: ADRCs - Contact ORCD Regional Quality Specialist

MEMO WEBSITE: <https://www.dhs.wisconsin.gov/dph/memos/badr/index.htm>

cc: Aging and Disability Resource Centers